

Quantity Purchase Agreement With The State Of Indiana

Vendor SUPPLEMENTAL HEALTH CARE SERVI
Remit to: 2829 SHERIDAN DRIVE
TONAWANDA NY 14150

Name and Address of Vendor: SUPPLEMENTAL HEALTH CARE SERVICE
Cnct: DANIEL G BLATZ
2829 SHERIDAN DRIVE
TONAWANDA NY 14150

Qty Purchase Agreement QPA Number	Page
00000000000000000000000009651	1 of 1
Requisition Nbr.: ASA 4-4-64	
Effective Date: 05/15/2004	
Expiration Date: 05/14/2005	
Agency Number:	
Facility: ALL STATE AGENCIES	
Vendor Federal ID: 161216796	
Vendor Telephone Nbr: 877-543-9500	
Name Of Contact Pers: DANIEL G BLATZ	
FAX Number: 716-837-5449	

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is an award of a Quantity Purchase Agreement for NURSING SERVICES.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

For contract pricing and instructions access www.in.gov/idoa/proc and the following:

1. Click on Quantity Purchase Agreements
2. Click on All QPAs

1	0.00 HUR000000000100009797 Nursing Services/SHC Services	0.0000
	The following UN/CEFACT Unit of Measure Common Codes are used in this document: HUR Hour	

Signature of Purchasing Officer	Typed Name CAROLYN AWISHES	Signature Of Approval Office Of the State Attorney General	<i>Steve Carter</i>
<i>Carolyn Awishes</i>	Date Signed <i>April 21, 2004</i>	Typed Name STEVE CARTER	Date Signed <i>4-26-04</i>
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053		
<i>BM Paulundato</i>			

Pricing for Crawfordsville, Fort Wayne, Greenfield, Seymour, LaPorte and Vincennes Districts

Position	1 st Shift rate per hour	2 nd Shift rate per hour	3 rd Shift rate per hour	Overtime rate per hour	Holiday rate per hour
Dental Assistant	\$28.00	\$28.00	\$28.00	\$42.00	\$42.00
Radiologic Technician	\$49.00	\$49.00	\$49.00	\$73.50	\$73.50
Behavioral Clinician	\$41.00	\$41.00	\$41.00	\$61.50	\$61.50
LPN	\$39.00	\$39.00	\$39.00	\$58.50	\$58.50
RN	\$49.00	\$49.00	\$49.00	\$73.50	\$73.50
Nurse Practitioner	\$57.00	\$57.00	\$57.00	\$85.50	\$85.50
Charge Nurse	\$51.00	\$51.00	\$51.00	\$76.50	\$76.50

All Inclusive Pricing – All Districts

Staff	Rate Per Hour
Dental Assistant	\$28.00
Radiologic Technician	\$49.00
Behavioral Clinician	\$41.00
LPN	\$39.00
RN	\$49.00
Nurse Practitioner	\$57.00
Charge Nurse	\$51.00